



The Center for the Intrepid at Brooke Army Medical Center

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2007 Joint Venture Conference

8 March 2007



Agenda



- History
- Progress to date
- 5 Things We Do Well
- 5 Things We Need
- Lessons Learned
- Contact Information





Amputee care policy shift

ARMY WILL CALL AMPUTEES BACK TO ACTIVE DUTY

Regulation Is 'Break' For Handicapped

BY LEE H. CALLISON

"You can now return to active auty."

To most people, such a statement as that carries little meaning. But to a small, "exclusive" group of Army men those seven words may mean the difference between hope and despair.

In a few days the Army will print a formal regulation which will give officers and enlisted men, who have lost arms or legs, or both, in line of duty, the opporjunity to return to active duty.

They Get Their "Break"

It wasn't so long ago that men in the Army who lost an arm or leg were immediately considered of no importance to the service. check. That was it.

obtained employment in civilian men, if they have the proper leg, are fully capable of carrying Em all for it." obtained employment in civilian med, it care the will—can return on in jobs where we need then With Pace in his office were interested and continued on as substant to Army life, many of them to the and can use them. the minority. Many of them, jobs they held at the time they "If a man has the motivation to his personnel chief, and LeBien downhearted, broken in spirit and lost their arms or legs. embarrassed, became wards of the "H's only humane," said Pace a limb, he has a chance to con- return-to-duty action humane, but was a "break" in life.

"break" has arrived. Now, these them who have lost an arm or a Portland, Ore., who has returned spondent. He has a psychological

'You Can Now Return . . .'



Signal Corps photo.

Army Secretary Pace examines artificial leg of Lt. Col. Kenne ii They were taken care of in hos E. Belieu as he tells him of new regulations which will permit for the action but refuses to take on crutches, perhaps. They re. amputees to return to active duty in Army. At right is Lt. Germall the credit. ceived a monthly compensation Anthony C. McAuliffe, Army personnel chief.

tial citizens—but they were far in to Army life, many of them to the and can use them.

public. What these men needed in an exclusive interview with the binue on, to pick up where he left also that it is an economic meas-Times-Herald. "We want to do ev off, and make his way." Thru a recent order by Secre erything we can for our boys. As Pace spoke he was looking The man who has lost a leg, for tagy of the Army Pace that Many of them, in fact most of at Lt. Col. Kenneth E. LeBieu of instance, is downhearted and de-

assistant to Assistant Secretary of to that he has his future to take the Army Karl R. Bendetsen, Le live, what job he will perform. Bieu lost a leg in combat. He had the motivation to make his army "come-back" and did just that.

ver 1,500 Return

More than 1,500 handicapped veterans of World War II and Korea have been returned to full duty, Between Dec. 1950 and Oct. 1951, there were 211 enlisted men. 133 officers and eight warrant wanted the young officer back as officers returned to active duty. And it isn't an easy thing to do. says Maj, Gen. Paul H. Streil. commanding general of Walter Mny 8, 1951, he returned to his Reed hospital.

The general said attendants at the hospital never mention badminton and get along fine duty to men without an arm or said the colonel. "I have my own al for treatment.

"We assume" he explained, em come prefix expensive." phasizing the second word, "that they will return. We do everything cal examination for permanent we can to help them, but each man has to have the motivation to go back to duty. For those who do want to return to active outychance is there."

Was Emergency Measure

Such action was permitted during the second World War as an i emergency measure. But now it is a regulation. Pace is responsible

"I'm sure it came up to me thru the staff," he replied when asked who originated the idea, "And

overcome the handicap of losing They explained that not only is

to his pre-Korea post as military hurdle to clear. And in addition into consideration-how he will

That was the picture as LeBicu saw it from a nespital bed, ha

Returned to His Job

When LeBieu was wounded the information quickly reached the Pentagon where he was well known. His former chief there immediately sent LeBieu word he his assistant. As soon as LeBieu was released from Walter Reed. Pentagon desk.

'I dance a little, play some leg who are brought to the hospi trouble. The only thing, my shoes

This week he takes his physipromotion to the rank of major. No quarter will be given him in any manner-except for the one missing leg. If he should show evidence of some disease or other and not just limited duty-the aliment that would disqualify him or any other man from the promotion list-he's out.





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- WRAMC amputee center August 2003





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- BAMC amputee center January 2005







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- Army/VA meeting planning meetings
 December 2005 and February 2006



SCOPE OF CARE: PRIORITY SYSTEM



- First priority: OIF-OEF casualties cared for by DoD and/or VHA
- Periods of lessened combat activity may allow expansion of services to other beneficiaries



Where are we Today?



 Dedication and ribboncutting ceremony 29 Jan 07

www.defenselink.mil/home/features/2007/Intrepid_Center2/





THE CENTER FOR THE INTREPID WAS FUNDED BY OVER 600,000 AMERICANS.

THEIR GENEROSITY EXPRESSES THE PROFOUND APPRECIATION AMERICA HAS FOR ITS GALLANT SERVICEMEN AND WOMEN WHO DEFEND FREEDOM.

THIS CENTER IS DEDICATED TO OUR SEVERELY WOUNDED MILITARY HEROES,
WHOSE SELFLESS SACRIFICES FOR OUR NATION ENTITLE
THEM TO THE BEST REHABILITATIVE CARE.









































Goals



- Treat both AD and veterans
- Minimize perception of difference in care
- Facilitate education and training
- Make "seamless transition" a reality in our facility



Progress to Date



- 7 VHA employees "detailed" to the CFI
 Case Manager/Social Worker, VA/DoD
 Liaison/Social Worker, PT, OT, Prosthetist,
 Prosthetic Tech, & Clerk
- 2 VBA employees "detailed" to the CFI Veteran's Benefits Advisory & Voc Rehab Specialist
- Signed MOA



5 Things We Do Well



- Work as a team
- Communicate with STVHCS
- Keep patient needs first
- Provide innovative care
- Make transition as seamless as possible



5 Things We Need



- Referral guidelines
- Detailed MOU (sharing agreement)
- Collaboration for research
- Continuous resourcing
- SIDEWALKS!



Lessons Learned



- Staffing documents is MORE difficult in the electronic age
- Expectations must be continuously communicated and reinforced
- Leave room for growth